



Hospital Fiscal Report
 State Form 49520 (R2 /7-02)
 (Form approved by State Board of Accounts, 2000)

Status: Finalized

I. Identification of Organization

Hospital Name: MONROE HOSPITAL

City of Hospital: Bloomington

Year Begin: 01/01/2015 (mm/dd/yyyy format)

Year End: 12/31/2015 (mm/dd/yyyy format)

Person Completing the Report: Hilary Dolbee

Email Address: hdolbee@primehealthcare.com

Medicare Provider Number: 15-0183

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$33349945
Outpatient Patient Service Revenue	\$48987354
Total Gross Patient Service Revenue	\$82337299

2. Deductions From Revenue

Contractual Allowance	\$51135909
Other Deductions	\$0
Total Deductions	\$51135909

3. Total Operating Revenue

Net Patient Service Revenue	\$26897044
Other Operating Revenue	\$273006
Total Operating Revenue	\$27170050

4. Operating Expenses

Salaries and Wages	\$9920088	Employee Benefits	\$3556414
Depreciation and Amortization	\$1640588	Interest Expense	\$46258
Bad Debt	\$4304346	Other Expenses	\$21457811
Total Operating Expenses	\$40925505		

5. Net Revenue and Expenses

Excess Revenue over Expenses	\$0	Total Assets	\$0
Net Non-operating Gains over Loss	\$0	Total Liabilities	\$0

Total Net Gains	\$0
-----------------	-----

Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$0	\$0	\$0
Medicaid	\$0	\$0	\$0
Other Government	\$0	\$0	\$0
Other State	Indiana	\$0	\$0
Other Payers	\$0	\$0	\$0
Total	\$0	\$0	\$0

Statement Three: Donations Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$0	\$0	\$0

Statement Four: Research Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Research	\$0	\$0	\$0

Statement Five: Education Statement

Education of	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Medical Professionals	\$0	\$0	\$0
Hospital Patients	\$0	\$0	\$0
Community Education	\$0	\$0	\$0

Number of Medical Professionals Trained	\$0
Number of Hospital Patients Educated	\$0
Number of Citizens Exposed to Health Education Messages	\$0

Statement Six: Charity Statement

Hospital Charity Charges	\$0
--------------------------	-----

	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$0	
HCI Payments	\$0		
Subtotal	\$0	\$0	\$0
Medicaid Shortfalls	\$0	\$0	
Subtotal	\$0	\$0	\$0
DSH Payments	\$0		
Subtotal	\$0	\$0	\$0
Medicare Shortfalls	\$0	\$0	
Other Government Programs	\$0	\$0	
Total	\$0	\$0	\$0

Statement Seven: Subsidized Health Services for the Community

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Community Programs	\$0	\$0	\$0
Community Assessment	\$0	\$0	\$0
Provision of Taxes	\$0	\$0	\$0
Other Allocations	\$0	\$0	\$0

Comments

//